

Dr. Pattison stated that he had once attended a primiparous patient who suffered no pain at all during labour. He had not been summoned to the case, but happened to call at the time; the child was born quite easily, the patient only experiencing a feeling of pressure.

Dr. Wilson had once been called to see a woman who had been delivered without any pain, whilst she was walking about in the house; and he found the child lying on the floor with the umbilical cord torn across.

Dr. Cochrane thought that such a case as that related by Dr. Smith might more readily occur in a warm country with a relaxing climate. But he had himself seen a woman who had just been delivered of a child almost unconsciously as she was getting out of bed.

Dr. Andrew Balfour stated that he had attended, when in China, the wife of an engineer on board a steamer, who suffered from remittent fever in the eighth month of her pregnancy. The whole ovum in that case was expelled entire without any warning; and when he (Dr. B.) arrived and ruptured the sac, the fœtus was already dead.

Dr. Pattison said Dr. Thatcher used to tell his class of a case where he found the patient had been delivered of an entire ovum with unruptured membranes. Dr. T. had been summoned by the husband, who was in great dismay, because, as he averred, his wife had given birth to a "leg of mutton."

Dr. Alex. R. Simpson stated that Von Ritgen, the venerable professor of midwifery at Giessen had told him, that in the long course of his practice he had met with no less than seventeen cases of labour where the patient had experienced none of the ordinary labour pains; and he (Professor Von Ritgen) had been led to form the conclusion that in perfectly natural labour, pain should not necessarily be experienced, and that we had come to regard pain as a natural and necessary concomitant of labour, merely because women were almost never in a perfectly healthy condition when we were summoned to aid them during parturition. He (Dr. A. R. S.) thought that if Professor Von Ritgen's position could be established—and the facility of parturition among savages went far to prove its truth—then the objection sometimes made to the use of chloroform in labour, on the ground of its being contrary to nature, would be most completely done away with.—*Ed. Med. Journ.*, Nov. 1862.

64. *Artificial Delivery in Extremis.*—Details of an interesting case of extraction of the fœtus from the womb of a dying woman, by Dr. Belluzi, are given in *L'Union Médicale*. In 1861, the doctor relates that he was called to a woman far advanced in pregnancy, and in the last stage of phthisis. He considered it a favourable case for the post-mortem extraction of the fœtus, as recommended by Professor Rizzoli, *per vaginam*, in preference to the Cæsarean section.

On July 11th, the woman's death seemed rapidly approaching, and the fœtal heart was distinctly heard. A few hours later, the fœtal sounds became sensibly diminished in force; and thereupon it was resolved, instead of waiting for the woman's death, at once to extract the child, while both it and the mother were still alive. The woman was drawn to the edge of the bed, and her legs supported on chairs. "Whilst Professor Rizzoli kept the uterus," writes Dr. Belluzi, "in a suitable position, I introduced my right hand, in the form of a cone, into the vagina, gently dilated the neck of the womb, and at last felt a knee of the fœtus, ruptured the membranes, and brought the knee down into the vagina.

"At the same time, Professor Rizzoli pressed with his hands upon the fœtus (through the walls of the abdomen), so as to aid in imparting to it the movements which occur in the version. This first stage of the operation completed, I baptized the fœtus through the left foot, which protruded. Then, on drawing upon this limb, a spiral movement was given to the fœtus, whereby the nates were turned forwards as they reached the vulva. Immediately afterwards, the other limb was protruded, then the trunk, the shoulders, and the head. The child was alive. The uterus contracted sufficiently to detach the placenta. The mother (who, apparently was insensible to the operation) was replaced in bed. The child was vigorous, though evidently not at full time. It was taken to the *Enfants-Trouvés*; and two months later, at the time I write, is still there. The

operation did not seem to have in any way injuriously affected the mother. She survived it twenty hours. A post-mortem examination was made twenty-two hours after her death. The uterus was regularly contracted; and no injury was noted, except a slight scratch on the mouth of the womb. This fact demonstrates the ease with which a living fœtus may be extracted from a dead woman, when no signs of labour have appeared. And it will be readily admitted that in the dying woman the operation is as easily performed as in the dead. The case shows that we may, under certain circumstances, rationally resort to the forcible extraction of the fœtus *before* the death of the mother, as thereby we give the child a much greater chance of life. In every case we should follow the rule of Professor Rizzoli, which is, that the operation should be practised whenever the sounds of the foetal heart become enfeebled. I strongly recommend this operation to the profession; for until now I could not have believed that it was of such easy execution."—*Dublin Med. Press*, Dec. 3, 1862.

65. *Undescribed Cause of Delay in Labour*.—Dr. JAS. SIDEX related to the Obstetrical Society of Edinburgh (July 3, 1861) the history of a case of tedious labour that had lately come under his observation, where the presentation was natural, and the pelvis of ordinary dimensions, but the head remained many hours impacted in the brim before the pains succeeded in forcing it through. After the birth of the child, he had found the face to be unusually broad; and on comparing it with the measurements of some other infants of normal dimensions, he had found it to measure, from one malar protuberance to the other, fully a quarter of an inch more than the largest of the others. He had not been able to meet with any notice of this increase in the size of the malar bones, as a cause of delay in labour; but if attention were directed to the subject, it might prove to be a more frequent cause of tedious labour than at first sight we might imagine.—*Ed. Med. Journ.*, September, 1862.

66. *Use of the Forceps in Tedious Labour*.—Dr. HAMILTON, of Falkirk, made a communication to the Edinburgh Obstetrical Society (Nov. 27, 1861) on this subject, and began by explaining that he had first been led to the publication of the results of his obstetric practice in consequence of a statement respecting the mortality of forceps cases, contained in a review of Dr. Murphy's work in the *British and Foreign Medico-Chirurgical Review*, for October, 1852. When he (Dr. H.) was first about to commence practice, he had been greatly struck by the observation made by Dr. Reid, who had probably been known to many of the Fellows present as a skilful and experienced accoucheur, to the effect that forceps might be used in cases of tedious labour much more frequently than they usually were, not only without danger to the patient but to her advantage. Having found other trustworthy practitioners of the same opinion, he (Dr. H.) had acted on the hint, and from the time when he first began to practise, in 1833, up till 1852, he had employed the forceps in a large proportion of cases of labour, and the results of his experience had only confirmed him in his opinion of their safety and usefulness. He had then been astounded at seeing the statement of Dr. Murphy as to the great fatality in forceps cases; and having himself been under the impression that the use of the forceps was rather gaining ground, he had determined to investigate the correctness of conclusions so entirely opposed to those he had himself arrived at. "The question," as he had stated in a paper he then wrote on the subject, "to be discussed is presented to us in a condensed form at p. 422 of the *Review* referred to, the general conclusions deducible from the statistical facts collected by Dr. Murphy being—1st. That in the forceps deliveries occurring in 78,892 midwifery cases, in the hands of British, French, and German practitioners, nearly 1 in every 4 of the children was stillborn. 2d. That, in protracted labours, 'so far as the children are concerned, the proportion stillborn is very much the same, whether the forceps be employed or not; the difference, if any, being in favour of leaving these cases to nature.' 3d. 'That the use of instruments is to be discountenanced in all but exceptional cases of this kind, in which the habit of the patient is too feeble to admit of her enduring a protracted labour without risk of exhaustion.' 4th. That